

# Windrider Chapter of the American Legion Riders

## American Legion Riders Post 42 GILLETTE CAMPUS SCHOLARSHIP APPLICATION

Are you a Veteran or presently in the Military \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
Is any family member a Veteran or presently in the Military \_\_\_\_ Yes \_\_\_\_ No

**IF YOU CAN ANSWER YES TO ONE OF THE QUESTIONS ABOVE YOU MAY BE ELIGIBLE  
for a scholarship up to \$ 1000.00**

All scholarship applicants **MUST** submit an *essay with application* (500 words or less), which should include, but not be limited to, the following:

- ◆ Applicant must have a Veteran/Military history personally or relatively and give a brief history including the name, service and years that person served.
- ◆ Your goals and objectives
- ◆ Recognition or accomplishments you have received within the last three years
- ◆ Involvement in community service projects or organizations
- ◆ Work experience
- ◆ Other information that would tell us more about you as an individual
- ◆ You may be asked to come to a meeting and read your letter.

Name \_\_\_\_\_  
Last First Middle/Maiden Social Security Number

Address \_\_\_\_\_  
Street City State Zip Phone

Birth date \_\_\_\_\_  Female  Male

Term you plan to enroll: Fall \_\_\_\_ Spring \_\_\_\_ Major: \_\_\_\_\_

High school last attended \_\_\_\_\_  
Name of School City State

High School graduation date: \_\_\_\_\_ or General Education Diploma (GED) \_\_\_\_\_

US citizen \_\_\_\_\_ YES \_\_\_\_\_ NO

Your class standing for next year:  Freshman  Sophomore  Other (explain) \_\_\_\_\_

Are you:  Single  Married  Single Parent Number of family members in household: \_\_\_\_\_

Adjusted gross income from year 2016: \$ \_\_\_\_\_  
(Include parents' income, plus your income, if you are under 24 years of age, unmarried, and without children.)

Please check box if you are **not** a -  Current College Student

Cumulative GPA \_\_\_\_\_ number of credit hours completed \_\_\_\_\_

The information furnished is true, correct, and complete to the best of my knowledge. I hereby give consent to have my grade transcripts or financial information released to the scholarship committee, the Sheridan College Foundation, and the news media. Please sign below if you accept these terms.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**High school seniors who will graduate following the Spring Semester: Please complete the rest of this form.**

EDUCATIONAL DATA

This section is to be completed by a high school student only, if you are a high school senior graduating in the spring. Six semester grades are sufficient for high school seniors. Please provide the following information from your high school transcript.

_____ / _____ Class Size                      Rank	_____ _____ _____ _____ Name of School              City              State              Zip              Phone Number
_____ (A = 4.0) Cumulative Grade Point Average	_____ Name of HS Counselor
Composite ACT Score _____	

Please note: Incomplete scholarship applications will not be considered.

\* **Applicant must have a Veteran/Military history personally or relatively and give a brief history including the name, service and years that person served.**